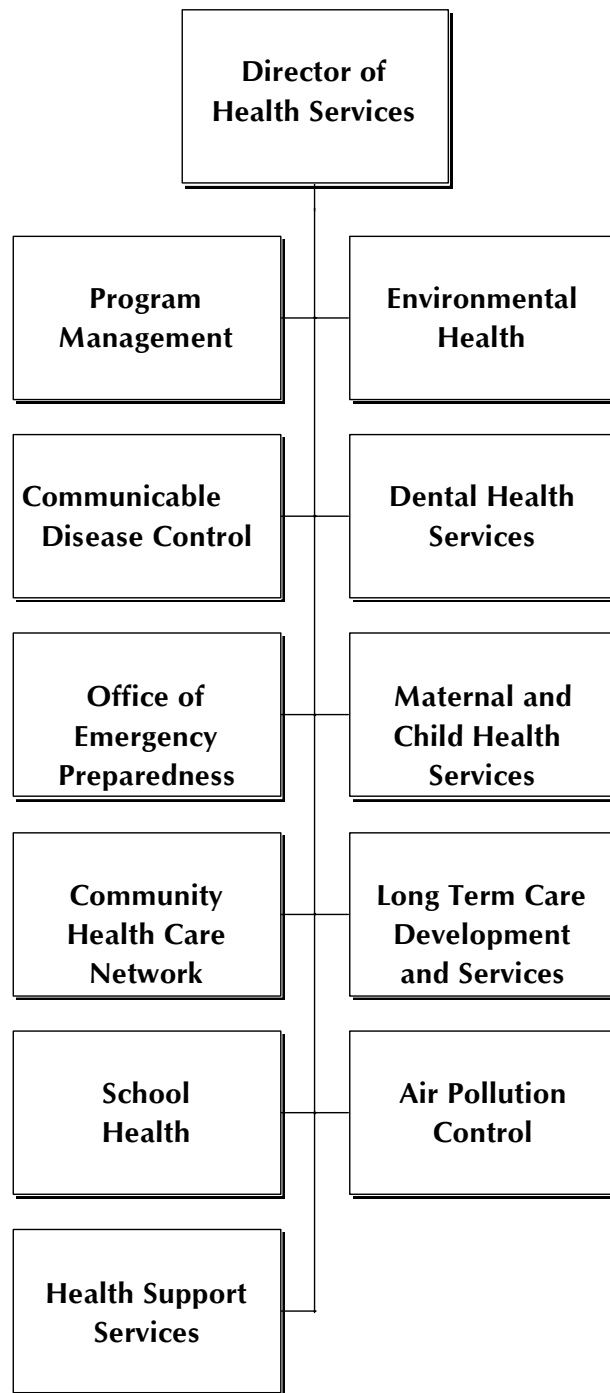


Health Department



Health Department

Mission

Protect, promote and improve health and quality of life.

Focus

The Health Department has four core functions upon which service activities are based: the prevention of epidemics and the spread of disease, protecting the public against environmental hazards, promoting and encouraging healthy behaviors, and assuring the quality and accessibility of health services. The nationally adopted *Healthy People 2010* objectives guide the goals for many of the Health Department's services and are reflected in several of the performance measures.



In FY 1996, the Health Department became a locally administered agency. Prior to 1996, the department operated on a cooperative agreement with the state. The state maintains its effort in support of the Health Department by continuing to send state dollars to the locality based on a formula set by the General Assembly. For FY 2009, it is anticipated that the state will contribute a total of \$9,734,264 in support of Health Department services.

Other revenue support for Health Department activities comes from licenses, fees, an air pollution grant, and permits, including those collected from individuals, businesses and contracts with the cities of Fairfax and Falls Church for environmental and health-related services. Environmental fees are charged for various services, such as food establishments, septic systems, site review plans and swimming pool permits. The Health Department collects fees for death certificates, x-rays, speech and hearing services, pregnancy testing, prenatal care, laboratory and pharmacy tests, physical therapy, adult immunizations, and Adult Day Health Care participation. Eligible health-related services are billed to Medicaid.

The Health Department's strategic plan, which incorporates input from the community, key stakeholders and staff, identified five strategic goals: preventing the spread of communicable disease, facilitating access to health services, employing and retaining a skilled and diverse workforce, harnessing technology to provide cost effective health services, and addressing growing needs and preparing for the future of health services. The work plan is reviewed annually and will be updated to reflect the strategic planning process due to be completed in FY 2009 that will guide Health Department services in the future.

THINKING STRATEGICALLY

Strategic issues for the department include:

- Preventing and minimizing the impact of new and emerging communicable diseases and other health threats;
- Assessing community public health service needs and facilitating access to needed and/or mandated services;
- Employing and retaining a skilled productive workforce that mirrors the diversity of the community;
- Integrating and harnessing the use of proven technology to provide cost-effective health services; and,
- Addressing growing needs and preparing for the future of health care services.

Preventing and/or Minimizing the Impact of New and Emerging Communicable Diseases and Other Public Health Threats

Control of communicable diseases, a primary function, remains a continuous and growing challenge as evidenced in the occurrence of food-borne outbreaks, the incidence of tuberculosis in the community, and the increase in the number of communicable disease illnesses reported to the Health Department that must be investigated. In FY 2008, the Communicable Disease/ Epidemiology Unit became a stand alone unit within the Patient Care Services cost center. The Office of Emergency Preparedness was established which includes the Medical Reserve Corps, Pandemic Flu efforts and overall public health emergency preparedness activities.

Health Department

Education on healthy behaviors continues to be an integral component of all the Health Department activities, including handling of food, teaching HIV/AIDS, prevention of insect related illnesses. In FY 2009, efforts will be intensified to reach ethnic, minority and/or vulnerable populations through outreach and culturally appropriate methods.

West Nile virus, which is transmitted from infected mosquitoes to humans, continues to be a public health concern. The number of reported cases of Lyme disease, transmitted by infected deer ticks to humans, showed a significant increase in FY 2007. The tick surveillance system, initiated to monitor the presence of ticks that carry human disease pathogens, remains ongoing. Educational efforts for both the medical community and targeted populations regarding this disease have been initiated and will be expanded to include the general population through FY 2008 and FY 2009.



The County's Tick Surveillance Program monitors the presence of ticks that carry human disease pathogens

In FY 2007 bedbugs became increasingly prevalent, not only in Fairfax County but the nation. Investigations of complaints have increased from 2 in FY 2004 to 40 in FY 2006, and to a total of 74 in FY 2007. Education and quick intervention are the keys to reducing these numbers in the future.

Facilitating Access to Services

Due to a growing number of working poor/uninsured in Fairfax County, demand for services continues to challenge the current capacity of the County's health system. Immunizations increased by 13 percent, partially due to the increasing number of immunizations children are required to have, and tuberculosis services increased by 21 percent, due to the County's large and growing immigrant population. Collaborative efforts with other County agencies and nonprofit organizations continue to be the key in addressing the quality, availability, and accessibility of health care. Partnerships with the private sector and other County agencies are being cultivated to improve access. These partnerships include: Homeless Health Care Program with the Department of Family Services, the Fairfax-Falls Church Community Services Board, Fairfax Area Christian Emergency and Transitional Services, New Hope Housing, Volunteers of America, United Community Ministries, Northern Virginia Dental Clinic and Reston Interfaith; Services for Late Stage Alzheimer Clients with the Alzheimer Family Center; and several other projects in development through the Long Term Care Coordinating Council (LTCCC).

Employing and Retaining a Skilled and Diverse Workforce

The goal of the Health Department's initiative "Making Our Values Come Alive" is to have the department be known for its excellence in service and perceived by staff as the best place to work. The Recognition/Honors Award Program has undergone review and revision to incorporate the Health Department's values and the need for innovative ways to recognize staff; interviews for new staff have also incorporated the agencies values. Workforce planning remains critical to the strategic goal of employing and retaining a skilled and diverse workforce; the highly competitive health professionals' employment market presents significant challenges to hiring and keeping qualified and experienced staff. In FY 2009, active participation in Employment Fairs, conducting open houses in satellite offices and more aggressive recruitment continue in order to address the challenge of recruiting nurses; hiring and referral bonuses are now being offered for nurses. Succession planning continues with increasing emphasis as the number of retirees rises each year; the agency will be participating in Phase II of the County's new Succession Planning program. In the coming three to five years, the Health Department expects to lose many individuals in senior management positions whose institutional knowledge is especially difficult to replace.

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Integrating and Harnessing Technology

Integrating and harnessing the use of proven technology is a key strategic priority, with efforts refocused on maximizing existing technology that would improve the distribution of health information and facilitate community education about health-related issues. Timely, accurate information is now available on the Health Department's Web site to keep the community current on significant health events and provide information on emergency preparedness, hand washing, West Nile virus or other timely topics. Great strides have been made in making the intranet (info web) much more useful to agency staff by incorporating procedural memoranda, forms, and current news pertinent to the agency; this effort is being driven by the Communications Committee that was established as part of the Values Initiative. In FY 2009 work will be completed on developing an interactive component on the info web through which activities such as information sharing and problem-solving can be done by staff. Work continues on improving the technology used in day-to-day activities within Environmental Health. FIDO (Fairfax Inspections Database Online), a multi-agency software system being implemented in the County, is now in place for approximately one third of Environmental Health services; FIDO should be fully implemented in FY 2009.


Addressing Growing Needs and Preparing for the Future

In mid FY 2008, a comprehensive community health assessment will be initiated in partnership with the private health care community; this effort, which will take approximately three years, will produce a plan that can be used to guide the development of health care services into the future. The Health Department's strategic plan will then be updated to incorporate findings that are applicable to the public sector. In addition, the School Health Study, completed in FY 2008, will provide recommendations for the staffing, services and future needs of School Health Services into the next decade. By late FY 2009, a structure will be in place, under the Health Care Safety Net Commission established in FY 2008, to enable the County to maximize resources, improve continuity of services, leverage additional non-County funding sources and prepare for the future of health care technology.


New Initiatives and Recent Accomplishments in Support of the Fairfax County Vision

 Maintaining Safe and Caring Communities	Recent Success	FY 2009 Initiative
In FY 2008, the Maternal-Child Health Program will develop a new assessment tool and system to analyze pregnancy outcome data, enhancing the agency's ability to identify factors associated with positive pregnancy outcomes as well as poor pregnancy outcomes. Analysis of this data will be utilized to develop effective initiatives to limit the Health Department low birth weight rate to less than 4.8 percent in FY 2009.		<input checked="" type="checkbox"/>
In FY 2006, a baseline survey report on the occurrence of food safety risk factors and the use of Food Code interventions was completed. The self assessment completed in FY 2005 identified current program strengths and weaknesses and was followed by a third-party verification audit during late FY 2006/early FY 2007. The development of strategies and an action plan for program improvement was initiated in FY 2008 and will be completed in FY 2009.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
A countywide project to locate and digitally map all individual drinking water wells was completed in FY 2007. The process of mapping alternative sewage disposal systems, food establishments and swimming pools will continue into FY 2008 and FY 2009. This will allow for more efficient and rapid identification of sites to address problems, issues, outbreaks or other significant public health events.	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Health Department

 Maintaining Safe and Caring Communities	Recent Success	FY 2009 Initiative
<p>The School Gastrointestinal and Influenza-Like Illness Monitoring System (SIMS) was implemented in 180 Fairfax County Public Schools (FCPS) to provide: consistent approach to monitoring communicable illness; early and detailed notification of gastrointestinal and influenza-like illness increases; an opportunity to institute early disease control measures to prevent further illness and to augment the Electronic Surveillance System for the Early Notification of a Community-based Epidemic (ESSENCE). During FY 2008, further development of a web-based tool, created in FY 2007, will be accomplished in order to allow for more efficient and accurate data collection by the Clinic Room Aides, Public Health Nurses and the department Epidemiologist.</p>	<input checked="" type="checkbox"/>	
<p>Planning to meet the challenges of the future, the Health Department Laboratory is participating in the design of a new facility with enhanced biosafety and molecular testing capacity. The new laboratory, currently scheduled for completion in May 2009, will be located in a renovated County facility and will be able to test for a wider range of communicable diseases and environmental contaminants.</p>		<input checked="" type="checkbox"/>
<p>PACE (Program for All Inclusive Care of the Elderly) is a comprehensive program which leverages Medicaid and Medicare dollars to provide medical and social services. The program enables frail seniors to remain in their homes and community. In FY 2008, a feasibility study and market analysis will be completed in collaboration with community partners. In FY 2009, the community partnership will seek funds from the state for program start-up. Actual program start-up is expected in FY 2010.</p>		<input checked="" type="checkbox"/>
<p>Continue the multi-year initiative to transition service delivery, where possible, from traditional individual-based services to population-based services, enabling an increased focus on prevention and health promotion.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>The Health Department is the lead department for the development of the Fairfax County Pandemic Influenza Response Plan that outlines the coordinated local strategy to prepare for and respond to an influenza pandemic and supplements the Commonwealth of Virginia and federal pandemic response plans. Expanded pandemic flu planning will continue with funding received from the Virginia Department of Health (VDH) through a cooperative agreement with the Department of Health and Human Services (HHS) and the Centers for Disease Control and Prevention (CDC). In FY 2007, Fairfax County was the first jurisdiction in the metropolitan Washington area to publicly release a pandemic flu response plan to its residents.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>



Health Department

 Maintaining Safe and Caring Communities	Recent Success	FY 2009 Initiative
<p>Implementation of a targeted Latent Tuberculosis Infection (LTBI) testing program was initiated in FY 2006 for individuals at high risk for TB infection and progression of infection to tuberculosis disease. The program includes building new and strengthening current relationships with community members of specific ethnic and minority groups. In FY 2007, programmatic improvements were made resulting in priority ranking of LTBI clients and more efficient targeted follow-up of those clients at highest risk. In addition, community educational events focused on specific ethnic and minority groups regarding TB were conducted. In FY 2008, the Health Department will continue initiatives begun in FY 2007.</p>	<input checked="" type="checkbox"/>	
<p>Through the Cities Readiness Initiative (CRI) the federal government tasked the National Capital Region (NCR) with providing prophylactic medication to 100 percent of the population within 48 hours of the aerosolized release of anthrax. In FY 2007, a multi-disciplinary planning committee, comprised of County agencies, public schools and non-governmental agencies, was convened under the Health Department's leadership. Planning meetings held over a 6-month period culminated in the publication of a comprehensive mass dispensing plan in August 2007, and a table-top exercise was conducted in September 2007 to validate the CRI plan. The operational components of the CRI plan were evaluated in an October 2007 drill attended by more than 700 County employees, Medical Reserve Corps volunteers and members of the public. In FY 2008 and FY 2009, the CRI plan will be revised with lessons learned from this exercise and a second phase of planning will be initiated to address special populations. To address this, as well as other bioterrorism and naturally occurring disease scenarios, the health departments of the eight jurisdictions of the NCR require rapid access to sufficient equipment and supplies to begin distributing medication to the population. This project is funded with \$1,000,000 to close the current gap in preparedness and help ensure that communities in the NCR are properly equipped and supplied to meet the challenge of quickly dispensing medication in an emergency. Fairfax County is one of many jurisdictions in the region receiving grant funding and the Health Department is acting as the project manager on behalf of the NCR health departments. As a result of this project, in 2007, the Health Department received \$250,000 in emergency supplies that are stored in a central warehouse ready for use during a public health emergency at medication dispensing sites.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>In FY 2007, the Health Department Communicable Disease Unit conducted a significant communicable disease (norovirus) outbreak investigation, involving a total of 507 persons. Seventy-five percent of those involved were interviewed, of which 199 reported illness (52 percent attack rate). This outbreak was contained after exclusion of all symptomatic employees and hotel closure. In addition, specific recommendations were made to and implemented by the hotel to prevent future outbreaks.</p>	<input checked="" type="checkbox"/>	
<p>The Environmental Hazards Investigation Section established during late FY 2007 with full staffing in FY 2008, provides the Health Department with an internal unit to respond to environmental emergencies as well as provide technical assistance to the community in addressing environmental hazards such as lead, asbestos, radon, mold, and hazardous materials.</p>	<input checked="" type="checkbox"/>	

Health Department



 Maintaining Safe and Caring Communities	Recent Success	FY 2009 Initiative
<p>The tick surveillance program was expanded during FY 2007 in response to increasing concern within local communities over the spread of Lyme Disease. An additional limited term biologist position was added and a Knowledge, Skills, and Attitudes (KAP) study was initiated to determine the level of community awareness regarding Lyme disease and to identify areas where enhanced community outreach and education efforts may be targeted. The KAP study will be completed during FY 2008 and targeted outreach and education initiatives will begin in FY 2009.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>In FY 2007, the Health Department initiated a School Health Study. The scope of the study, which involved research and data analysis on current capacity and demand for school health services, resulted in the development of an internal strategic plan which was presented to the Health Care Advisory Board in FY 2008. The School Health Strategic Plan recommendations, approved by the Health Care Advisory Board, will be implemented over a five-ten year period starting as resources allow.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>The Office of Emergency Preparedness was established during FY 2007. The purpose is to manage the Department's emergency preparedness activities and enhance the focus on federal, state and local coordination. The office provides technical assistance to the agency and other county agencies in areas such as bioterrorism preparedness, environmental monitoring, continuity of operations planning and incident command systems (National Information Management System [NIMS]).</p>	<input checked="" type="checkbox"/>	
<p>Health Department staff participated in the county Code Enforcement Strike Team effort during FY 2007 and FY 2008. Health Department staff was instrumental in correcting a number of health-related situations, including accumulations of trash, insect and rodent infestations, and the lack of adequate home sanitary facilities.</p>	<input checked="" type="checkbox"/>	
 Connecting People and Places	Recent Success	FY 2009 Initiative
<p>In coordination with the Virginia Department of Health and The Johns Hopkins University Applied Physics Laboratory, the Health Department implemented the Electronic Surveillance System for the Early Notification of Community-based Epidemics (ESSENCE). This syndromic surveillance system uses information collected daily from emergency departments for the detection of events of public health importance. Further refinement of this process will be ongoing to include active participation on a Regional Committee that will address interpretation and follow-up of surveillance flags triggered by this system.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>During FY 2006, the Health Department implemented the CDC's National Electronic Disease Surveillance System (NEDSS). This system electronically integrates and links together a wide variety of surveillance activities, and facilitates a more accurate and timely reporting of disease information to the CDC and the state health department. Future initiatives in FY 2008 and FY 2009 will focus on data analysis and the generation of reports.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Health Department

 Connecting People and Places	Recent Success	FY 2009 Initiative
<p>Developed and implemented a custom application to enhance the effectiveness of the current volunteer database that supports the Medical Reserve Corps (MRC). The functionality of this new application includes improved web/user interface and enhanced volunteer application and management processes. This system provides a robust system for volunteer resource management during emergencies and provides the ability for volunteer photo identification and GIS-based alerting. MRC leaders were trained on this system in FY 2007.</p>	<input checked="" type="checkbox"/>	
<p>In FY 2008, the Adult Day Health Care (ADHC) program developed a targeted marketing and recruitment plan to increase volunteerism in long term care by minority populations. In FY 2009, ADHC program staff will implement this plan with an emphasis on Hispanic, Korean and Middle Eastern communities. The plan will include presentation of informational programs to ethnically diverse community groups, televised informational segments and increased outreach efforts.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>In FY 2007, the Health Department Laboratory Information System was upgraded to a more user-friendly version and over 50 healthcare providers were trained to access real-time laboratory results. In addition the laboratory more than doubled the number of secure County network printers linked to the lab system for direct daily printing of laboratory results, improving both turnaround time and eliminating courier transport delays. Additional training and printer links are planned in FY 2008 and FY 2009.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>At the end of FY 2007, a cross-agency initiative was implemented for the integration of psychiatric services with primary health care at a Community Health Care Network (CHCN) primary health care site. During FY 2008 and FY 2009, CHCN will continue to work with the Fairfax-Falls Church Community Services Board to enhance integration between primary and behavioral health care services.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Practicing Environmental Stewardship	Recent Success	FY 2009 Initiative
<p>Continued active participation in the Metropolitan Washington Council of Government's Air Quality Committee, Technical Advisory Committee, and the Control Measures Workgroup to focus on developing regional strategies to reduce air pollutants that contribute to ozone formation. The region remains in nonattainment for ozone and submitted a State Implementation Plan (SIP) to the Environmental Protection Agency (EPA) in 2007 to demonstrate compliance by 2010. The Washington metropolitan region has also been designated as nonattainment for particulate matter smaller than 2.5 microns (PM_{2.5}) and must submit a SIP to the EPA by 2009.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>In FY 2008, the Health Department Laboratory implemented a program to help electronically transfer drinking water compliance results directly to the state health department and the EPA. Electronic reporting provides accurate and timely information on the safety of public drinking water supplies in Fairfax County.</p>	<input checked="" type="checkbox"/>	

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Health Department

 Creating a Culture of Engagement	Recent Success	FY 2009 Initiative
<p>In FY 2009, new initiatives from the Long-Term Care Coordinating Council's (LTCCC) Strategic Plan, which provides a blueprint to address long term care needs in the community, will be implemented. In FY 2008, the Long Term Care Development Staff Team awarded the "Care Fund" to increase affordable assisted living units and implemented monitoring of the "Incentive Fund" that generates new creative solutions to resource unmet LTC needs in the community. In FY 2009, the LTCCC and the Long Term Care Development Staff Team will work with the county's non-profit development partner "CareFaxLTC" to foster the development of additional investment strategies to build service capacity in the community.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
<p>In FY 2008, a walk-in "Women's Health Clinic" at the Community Health Care Network (CHCN)-South Health Center was initiated. This service helps transition service delivery from traditional individual-based services to population-based services, enabling an increased focus on health promotion and prevention. In FY 2008 and FY 2009, after evaluation and modification, the "walk-in" clinics will be implemented at the remaining two CHCN health centers.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
 Exercising Corporate Stewardship	Recent Success	FY 2009 Initiative
<p>In FY 2008, the Adult Day Health Care Program developed an integrated management information system to streamline documentation and billing functions. The plan is to fully implement this new system in FY 2009.</p>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

Health Department

Budget and Staff Resources

Agency Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	597/ 525.73	597/ 525.73	598/ 527.23	598/ 527.23
Expenditures:				
Personnel Services	\$29,404,999	\$32,295,850	\$32,345,850	\$32,693,746
Operating Expenses	14,307,035	14,253,981	17,873,891	14,294,516
Capital Equipment	6,408	0	55,166	0
Subtotal	\$43,718,442	\$46,549,831	\$50,274,907	\$46,988,262
Less:				
Recovered Costs	(\$138,685)	(\$145,774)	(\$145,774)	(\$151,739)
Total Expenditures	\$43,579,757	\$46,404,057	\$50,129,133	\$46,836,523
Income/Revenue:				
Elderly Day Care Fees	\$856,466	\$884,528	\$923,919	\$951,637
Elderly Day Care Medicaid Services	169,650	165,567	199,774	205,761
Fairfax City Contract	908,128	1,004,679	982,465	1,017,062
Falls Church Health Department	193,666	172,233	212,383	212,383
Licenses, Permits, Fees	2,901,926	3,034,926	3,059,041	3,082,343
State Reimbursement	9,065,635	9,246,949	9,734,264	9,734,264
Air Pollution Grant	62,395	68,850	62,395	62,395
Total Income	\$14,157,866	\$14,577,732	\$15,174,241	\$15,265,845
Net Cost to the County	\$29,421,891	\$31,826,325	\$34,954,892	\$31,570,678

FY 2009 Funding Adjustments

The following funding adjustments from the FY 2008 Revised Budget Plan are necessary to support the FY 2009 program:

- ◆ **Employee Compensation** **\$1,016,584**

A net increase of \$1,016,584 includes \$1,000,740 in Personnel Services associated with salary adjustments necessary to support the County's compensation program and \$21,809 in Personnel Services to support the efforts of the Code Enforcement Strike Team. These increases are partially offset by an increase of \$5,965 in Recovered Costs due to a greater recovery of salary costs for services to other agencies. As a result of budget constraints, compensation adjustments for County employees have been reduced. For FY 2009, employee increases as part of the pay for performance system have been discounted by 50 percent and the impact of the lower pay for performance funding is reflected above.
- ◆ **Personnel Services Reduction** **(\$674,653)**

A decrease of \$674,653 in Personnel Services is part of an across-the-board reduction to meet budget limitations based on available revenues as a result of a continued softening of the residential real estate market.
- ◆ **Operating Expenses** **\$40,535**

An increase of \$40,535 in Operating Expenses reflects partial-year funding of \$12,500 for expanded testing capabilities of the new Health Department laboratory and \$28,035 for a contractual rate increase for prenatal lab services, medical supplies, and drugs/medicines.
- ◆ **Carryover Adjustments** **(\$3,675,076)**

A decrease of \$3,675,076, including \$3,619,910 in Operating Expenses and \$55,166 in Capital Equipment is due to one-time carryover included as part of the FY 2007 Carryover Review.

Health Department

Changes to FY 2008 Adopted Budget Plan

The following funding adjustments reflect all approved changes in the FY 2008 Revised Budget Plan since passage of the FY 2008 Adopted Budget Plan. Included are all adjustments made as part of the FY 2007 Carryover Review and all other approved changes through December 31, 2007:

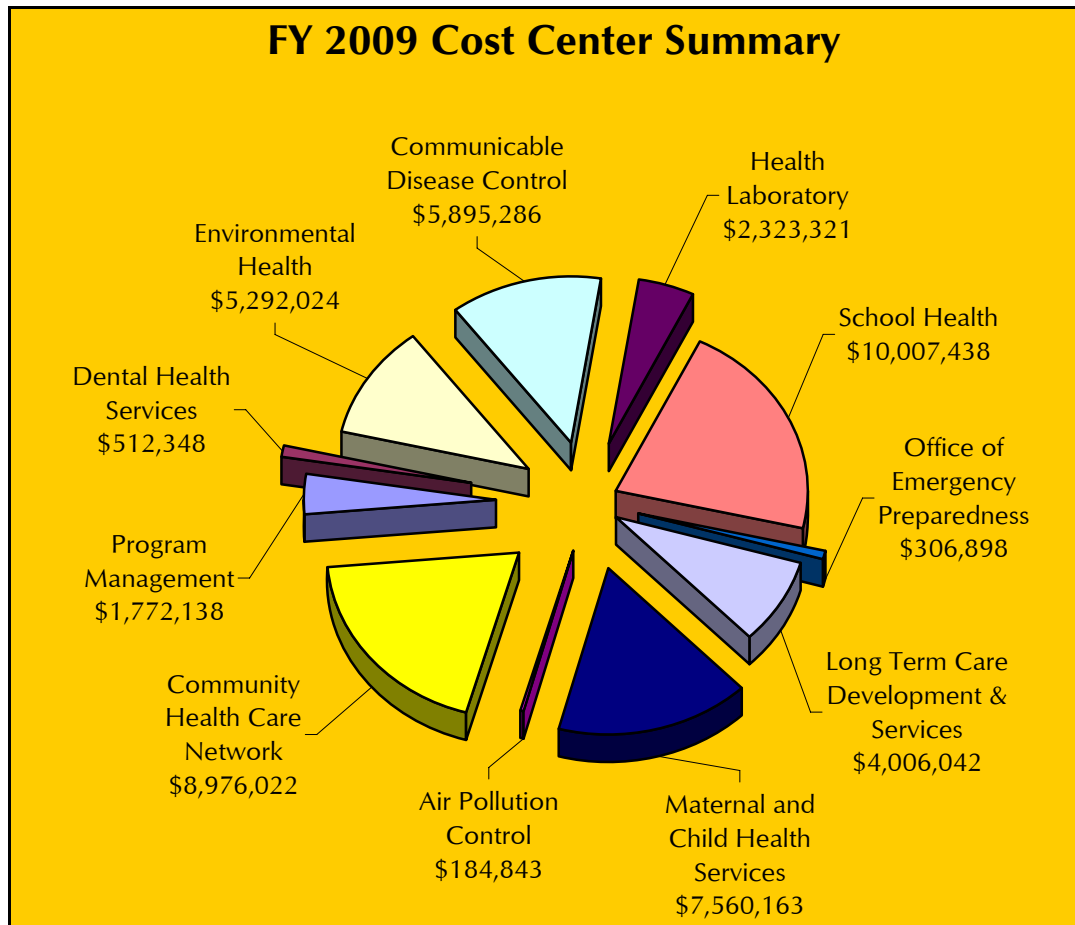
- ◆ **Carryover Adjustments** **\$3,725,076**
As part of the *FY 2007 Carryover Review*, the Board of Supervisors approved encumbered funding of \$2,275,076, including Operating Expenses obligations of \$2,219,910 and Capital Equipment obligations of \$55,166 for goods and services that were ordered but had not yet been received. In addition to encumbered carryover, the Board of Supervisors approved a reduction of \$1,000,000 from the General Fund Transfer to Fund 303, County Construction, as a result of redirecting the balances remaining in three countywide senior initiatives projects (Fairfax Family CARE Fund, Strategic Planning for Long Term Care, and Fairfax County Incentive Fund) to the Health Department. The redirected funding will better align senior services to support the County's Long Term Care Strategic Plan. An additional, \$400,000 in FY 2007 balances available in the Health Department has been included as unencumbered Carryover for a total of \$1,400,000 available to Senior Initiatives in FY 2008. In addition, ongoing funding of \$50,000 was included to provide for limited term support to aid in the substantial additional workload associated with the increased neighborhood zoning enforcement efforts of the Code Enforcement Strike Team.

- ◆ **Position Redirection** **\$0**
Subsequent to the *FY 2007 Carryover Review*, the County Executive redirected 1/1.0 SYE position to support the substantial additional workload associated with the increased neighborhood zoning enforcement efforts of the Code Enforcement Strike Team from Land Development Services to the Health Department. FY 2008 funding adjustments associated with this redirection will be made as part of the *FY 2008 Third Quarter Review*.

Health Department

Cost Centers

The Health Department is divided into 11 cost centers which work together to fulfill the mission of the department. They are: Program Management, Dental Health Services, Environmental Health, Communicable Disease Control, Community Health Care Network, Maternal and Child Health Services, Health Laboratory, School Health, Long Term Care Development and Services, Air Pollution Control, and Office of Emergency Preparedness.



Health Department

Program Management



Program Management provides overall department guidance and administration including program development, monitoring, fiscal stewardship, oversight of the implementation of the strategic plan, and internal and external communication. A primary focus is working with the community, private health sector, governing bodies, and other jurisdictions within the Northern Virginia region and the Metropolitan Washington area in order to maximize resources available in various programmatic areas.

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	9/ 9	9/ 9	10/ 10	10/ 10
Total Expenditures	\$1,707,909	\$1,785,247	\$2,119,910	\$1,772,138

Position Summary	
1 Director of Health	1 Administrative Assistant IV
1 Asst. Dir. for Health Services	2 Administrative Assistants III
1 Director of Patient Care Services ¹	1 Administrative Assistant II
1 Business Analyst IV	1 Public Safety Information Officer IV
1 Management Analyst III	
TOTAL POSITIONS	
10 Positions / 10.0 Staff Years	

¹ The Director of Patient Care Services, reflected in this cost center, provides direction and support for department-wide activities and for a number of specific cost centers involved in Patient Care Services, including Dental Health Services, Communicable Disease Control, the Community Health Care Network, Maternal and Child Health Services, School Health, and Long Term Care Development and Services.

Key Performance Measures

Goal

To enhance the health and medical knowledge of County residents and medical partners through maximizing the use of information technology.

Objectives

- ◆ To achieve a Web site rating of Very Helpful or better from 80 percent of Web site users.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Web site visits	185,049	281,177	281,000 / 310,478	300,000	341,500
Efficiency:					
Ratio of visits to Web site maintenance hours	NA	NA	NA / NA	400:1	500:1
Service Quality:					
Percent of Web site users satisfied with the information and format	NA	NA	NA / NA	80%	80%
Outcome:					
Percent of users giving Web site a rating of Very Helpful or better	NA	NA	NA / NA	80%	80%

Health Department

Performance Measurement Results

This objective focuses on a key priority of the Health Department's strategic planning process - integrating and harnessing the use of proven technology. In FY 2007, the measure was changed to more accurately reflect the value of the Health Department's Internet resource in communicating information to the public. In FY 2007, the number of visits to the Health Department web pages continued to be measured. The actual number of visits continued to rise steadily, with 310,478 visits between July 2006 and June 2007, approximately a 10 percent increase over the previous year. In FY 2007, a new measure was implemented that reflects a ratio between the hours spent on Web site maintenance and the number of visits to the Web site. The expected ratio for the first year measurement was a ratio of 500 to 1. The actual ratio measured was 404 to 1, slightly less than anticipated. This slight decrease is attributable to several initiatives in the department undertaken in FY 2007 to increase the quantity and quality of Web site content, which resulted in more hours spent on Web site maintenance. For FY 2008, the expected ratio is set to 400 to 1 to allow for time to rework public web pages based on the County's plans to update its web pages for improved navigation, "look and feel", and to reorganize content for easier public access. For FY 2009, the ratio is expected to increase to 500:1. It should also be noted that satisfaction measurements were not completed in FY 2007, but it is expected that they will be implemented as part of the countywide Web site redesign.

Dental Health Services

Dental Health Services addresses the dental needs of approximately 4,000 low-income children at three dental locations (South County, Herndon/Reston and Central Fairfax). Additionally, dental health education is available in schools with an augmented academic program and the Head Start Program.

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	4/ 4	4/ 4	4/ 4	4/ 4
Total Expenditures	\$502,677	\$508,673	\$521,359	\$512,348

Position Summary	
3 Public Health Dentists I	1 Administrative Assistant II
TOTAL POSITIONS	
4 Positions / 4.0 Staff Years	

Key Performance Measures

Goal

To improve the health of low-income children through prevention and/or control of dental disease.

Objectives

- ◆ To complete preventative and restorative dental treatment within a 12 month period for at least 50 percent of the children seen.

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
New patients visits	1,016	986	1,300 / 1,636	1,300	1,300
Total visits	4,815	2,370	3,900 / 3,596	3,900	3,900
Patients screened	1,233	1,192	1,200 / 449	600	600
Education sessions	233	225	230 / 997	300	300
Efficiency:					
Cost per visit	\$113.00	\$152.00	\$153.00 / \$173.00	\$169.00	\$176.00
Net cost to County	\$78.86	\$107.00	\$109.00 / \$118.00	\$119.00	\$126.00
Service Quality:					
Customer satisfaction index	97%	97%	97% / 97%	97%	97%
Outcome:					
Percent of treatment completed within a 12 month period	71%	38%	50% / 33%	50%	50%

Performance Measurement Results

The performance results for FY 2007 reflect the efforts made in response to the FY 2006 performance which indicated more outreach was needed to increase numbers of children entering dental care. The outreach efforts demonstrate an increase in education sessions nearly 4 times that projected for FY 2007 in order to market the services to the populations in need. These efforts resulted in a 33 percent increase in new clients over the number projected for FY 2007. New clients often have a higher acuity as they are entering care without prior dental services. This higher acuity resulted in fewer total patients seen but a greater intensity of service for the clients. The total visits was impacted by (1) this higher acuity for new clients, (2) the time the dentists spent out of the dental offices to do outreach, and (3) the fact that for four months one of the dental clinics was without a dental assistant due to hiring difficulties. Dentists are limited in the procedures and type of clients they can see when they do not have an assistant present and this resulted in a reduction in clients seen at that clinic for a substantial amount of time. The number of patients screened was impacted by changes in the school system structure for testing and strict attendance, parental reluctance to bring their children in for preventative treatment, and schools not being receptive to the dentists attending the schools for screening purposes.

The higher cost per visit in FY 2007 reflects temporary staff reduction for four months of the year, due to vacancy or extended sick leave. The decrease in the percent of treatment completed is due to the greater number of new patients who have not completed all their care. This completion rate is consistent with trends reported across the state (30-40 percent).

Health Department

Environmental Health



The Environmental Health Services Division provides high quality services that protect the public health through a variety of regulatory activities. These activities include permitting, regulating, and inspecting onsite sewage disposal systems, private water supplies, public facilities such as food service establishments, milk plant, swimming pool facilities, tourist establishments, summer camps, campgrounds, tattoo parlors, and "religiously exempt" child care centers, and the elimination of public health or safety menaces caused by rats, trash, and insects infestations including the West Nile virus program management. The division continues to promote community revitalization and improvement and blight prevention and elimination by actively supporting and participating in the Neighborhood Volunteer Program, Hoarding Task Force, Blight Abatement Program, and the Strengthening Neighborhoods and Building Communities multi-agency effort.

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	67/ 67	67/ 67	68/ 68	68/ 68
Total Expenditures	\$4,419,976	\$5,140,870	\$5,376,380	\$5,292,024

Position Summary				
1 Director of Environmental Health	5 Environ. Health Supervisors	1 Administrative Assistant V		
2 Environ. Health Program Managers	16 Environ. Health Specialists III	4 Administrative Assistants III		
1 Business Analyst II	32 Environ. Health Specialists II	6 Administrative Assistants II		
TOTAL POSITIONS				
68 Positions / 68.0 Staff Years				

Key Performance Measures

Goal

To protect and improve the health and welfare of all persons in Fairfax County by preventing, minimizing or eliminating their exposure to biological, chemical or physical hazards in their present or future environments.

Objectives

- ◆ To maintain the percentage of regulated food establishments that are inspected on a frequency that is based on the food borne risk potential of the establishment (high risk establishments be inspected three times a year, moderate risk twice a year, and low risk once a year) and reduce by 1 percent the number of establishments that are closed, due to major violations of the Food Code, from 4.5 percent in FY 2009 towards a target of 0 percent closures in future fiscal years.
- ◆ To maintain the percentage of improperly installed or malfunctioning well and water supplies that pose the potential for water-borne diseases that are corrected within 30 days at 53.9 percent or better moving towards a target of 60.0 percent in FY 2009.
- ◆ To maintain the percentage of improperly installed or malfunctioning sewage disposal systems that pose a potential for sewage-borne diseases that are corrected within 30 days at 87.4 percent and to move towards a target of 90.0 percent in FY 2009.
- ◆ To maintain the percentage of complaints dealing with rats, cockroaches, and other pest infestations; trash and garbage control; and a variety of other general environmental public health and safety issues that are resolved within 60 days at 65.2 percent and to move towards a target of 70.0 percent in FY 2009 and 90 percent in future years.

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- ◆ To suppress the transmission of West Nile virus, known to be carried by infected mosquitoes, in the human population and hold the number of human cases as reported by the Virginia Department of Health to no more than three cases.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Regulated food establishments	3,165	3,232	3,030 / 3,108	3,100	3,150
Water well supply services provided	3,839	3,839	3,800 / 3,134	3,200	3,300
Sewage disposal system services provided	7,635	7,635	7,600 / 5,623	5,700	6,000
Community health and safety complaints investigated	2,564	2,511	2,600 / 2,459	2,500	2,500
Stormwater catch basins treated with mosquito larvicide	92,920	113,117	125,000 / 101,118	115,000	115,000
Efficiency:					
Regulated food establishments / Specialist	198:1	202:1	189:1 / 207:1	207:1	210:1
Water well services / Specialist	384:1	384:1	380:1 / 313:1	320:1	330:1
Sewage disposal system services/ Specialist	764:1	764:1	760:1 / 562:1	570:1	600:1
Community health and safety complaints / Specialist	366:1	358:1	371:1 / 351:1	357:1	257:1
West Nile virus program cost per capita	\$0.88	\$1.05	\$1.10 / \$1.66	\$1.63	\$1.63
Service Quality:					
Percent of regulated food establishments inspected at least once every 6 months (1)	100.0	100.0	100.0 / 96.0	NA	NA
Average number of inspections to correct out-of-compliance water well supplies	1.2	1.2	1.2 / 1.2	1.2	1.2
Average inspections to correct out-of-compliance sewage disposal systems	2.9	2.9	3.0 / 2.9	3.0	3.0
Percent of community health and safety complaints responded to within 3 days	64.7%	64.7%	65.0% / 65.2%	65.0%	70.0%
Percent of target areas treated in accordance with the timetable	100%	100%	100% / 100%	100%	100%
Percent of regulated food establishments risk-based inspections that were conducted on time (1)	NA	NA	NA / NA	90.0%	95.0%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Outcome:					
Percent of food establishments closed due to major violations	7.2%	7.0%	6.0% / 4.5%	4.5%	4.5%
Percent of out-of-compliance water well supplies corrected within 30 days	53.8%	50.7%	55.0% / 53.9%	55.0%	60.0%
Percent of out-of-compliance sewage disposal systems corrected within 30 days	79.7%	86.7%	90.0% / 87.4%	90.0%	90.0%
Percent of community health and safety complaints resolved within 60 days	63.4%	63.4%	65.0% / 65.2%	65.0%	70.0%
Confirmed human cases of West Nile virus in Fairfax County, Fairfax City, and Falls Church City as reported by the Virginia Department of Health	1	0	3 / 1	3	3

(1)The inspection frequency of regulated food facilities will change from once every 6 months to an inspection frequency based on the facility's food borne risk factor. Studies have shown that high risk establishments (those with complex food preparation; cooking, cooling and reheating) which are approximately 50 percent of Fairfax County restaurants, are to be inspected at a greater frequency than low risk establishments (limited menu/handling) to reduce the incidence of food borne risk factors. Food and Drug Administration (FDA) recommends that high risk establishments be inspected three times a year, moderate risk twice a year, and low risk once a year.

Performance Measurement Results

Food Safety Section: Tasked with the enforcement of the Fairfax County *Food and Food Handling Code*, the Food Safety Section's primary concern are those violations identified by the Center for Disease Control and Prevention as risk factors that contribute to food borne illness. For routine monitoring of these risk factors, the Commonwealth of Virginia mandates that each public food establishment is, at a minimum, inspected at least once every six months. In FY 2007, the Food Safety Section inspected 96 percent of the 3,108 food establishments two times during the fiscal year. The number and duration of vacant positions during FY 2007 hindered the Food Safety Section's ability to achieve this inspection goal. Studies have shown that high risk establishments, (those with complex food preparation; cooking, cooling and reheating) which are approximately 50 percent of Fairfax County restaurants, are to be inspected at a greater frequency than low risk establishments (limited menu/handling) to reduce the incidence of food borne risk factors. FDA recommends that high risk establishments be inspected three times a year, moderate risk twice a year, and low risk once a year. The Food Safety Section will be transitioned to a risk based inspection process in FY 2008.

In 2004 the Food Safety Section enrolled in the FDA Voluntary National Retail Food Regulatory Program. The idea is to build a program that will advance the concept of national uniformity among industry, regulators and consumers. Adoption of the Food Code has historically been the approach used to achieve that uniformity. However, a missing piece has been an agreed upon national standard or foundation for regulatory programs that administer the Food Code. To that end, the FDA Voluntary National Retail Food Regulatory Program Standards were created. To date five of nine standards have been met by the Food Safety Section. In FY 2008 considerable time and effort will be directed towards meeting the remaining four standards.

Onsite Sewage & Water: Individual well water supplies and onsite sewage disposal systems are enforced under the Fairfax County Codes, *Private Water Well Ordinance* and the *Individual Sewage Disposal Facilities*. In FY 2009, it is projected that 60 percent of out-of-compliance well water supplies and 90 percent of out-of-compliance sewage disposal systems will be corrected within 30 days. Correction of water well deficiencies and of problematic on-site sewage disposal systems can be highly complicated and expensive for the property owner, resulting in unavoidable delays in achieving full compliance. Temporary corrections usually are

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available to eliminate health hazards while mitigation procedures are in process. Recent years have seen more in-fill development of housing as the County becomes more urbanized. Most in-fill development now utilize non-traditional, alternative sewage disposal systems and technologies. Staff resources have transitioned from evaluating the installation of simple conventional sewage disposal systems in good soils to highly technical alternative sewage disposal systems installed in marginal to poor soils. Staff continue to be focused on the repair and replacement issues associated with older systems. The number of services provided during FY 2007 were hampered due to a staff vacancy of 23 percent. Recruitment has been slowed by the lack of qualified candidates applying. Normally, vacant positions are underfilled with less qualified individual that require more intensive training by seasoned staff. This vacancy factor is expected to continue to impact services in FY 2008 as well as FY 2009.

Community Health & Safety: The goal in FY 2009 is to continue to promote community revitalization and improvement by actively supporting and participating in the Community Enforcement Strike Teams, Hoarding Task Force, Blight Abatement Program, and the SNBC effort. The Health Department will continue to play a supporting role in resolving property maintenance issues and to lead the Hoarding Task Force. Citizen complaints involving health and safety menaces will continue to be aggressively investigated and resolved. The Community Health and Safety Section will also be responsible for eliminating serious health or safety hazards and permitting, regulating, and inspecting public establishments such as swimming pool facilities, tourist establishments, summer camps, campgrounds, tattoo parlors, and “religiously exempt” child care centers. The Environmental Health Specialist functions in a dual role by being both a teacher and a regulator. Inspectors will first try to educate the citizen, owner, or operator of unhealthy or unsafe conditions that need correction. If the conditions are not eliminated voluntarily, they will then pursue legal action. In a joint venture with the Departments of Public Works and Environmental Services, Planning and Zoning, and Information Technology, the Division of Environmental Health has implemented the Complaints Management Module of the Fairfax Inspection Data base Online (FIDO).

Disease-Carrying Insects (DCI) Program: The goal of the DCI Program in FY 2009 is to continue to hold the number of human cases of West Nile virus (WNV) as reported by the Virginia Department of Health to no more than three cases, the same number reported in FYs 2004 and 2007.

WNV program costs are based on the number and size of treatment rounds in a given year, as well as education, outreach, and surveillance activities carried out in-house. Treatment rounds even though dependent on weather conditions remain relatively constant throughout the years, maintaining a relatively stable program cost. The total DCI program cost per capita was \$1.66 in FY 2007. This was higher than the target of \$1.10 per capita. The higher than anticipated costs were due to the need for aggressive larvicide and adulticide treatments in the Huntington area following the flood of June 2006 and increased surveillance and education activities in response to increased concern over Lyme disease. Cost per capita in future years may increase depending on environmental factors, insecticide treatments resulting from larval inspections and surveillance activities, as well as follow-up studies for the evaluation of the outreach program.

The pilot tick surveillance program initiated in late FY 2005 was continued in FY 2007 in cooperation with other county agencies and the Virginia Department of Health. The objective of the pilot program is to understand the magnitude of tick-borne disease in the County and define the regions of greatest risk. The increased testing of ticks as the program expands is also expected to impact the cost per capita in future years.

Health Department

Communicable Disease Control



Communicable Disease Control Division is responsible for overseeing the County's response to tuberculosis; the prevention and control of communicable diseases; and the provision of medical services to sheltered, medically fragile and unsheltered homeless.

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	82/ 81.5	82/ 81.5	81/ 81	73/ 73
Total Expenditures	\$7,358,961	\$6,962,198	\$7,851,879	\$5,895,286

Position Summary					
2	Public Health Doctors	1	Asst. Director of Patient Care Services	5	Administrative Assistants IV
3	Comm. Health Specs.	1	Management Analysts III	4	Administrative Assistants III
6	Public Health Nurses IV	1	Human Service Worker II	5	Administrative Assistants II
12	Public Health Nurses III	1	Speech Pathologist II	1	Administrative Assistant I
25	Public Health Nurses II	1	X-Ray Technician	1	Administrative Associate
3	Nurse Practitioners	1	Administrative Assistant V		
TOTAL POSITIONS					
73 Positions / 73.0 Staff Years					
4/4.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund					

Key Performance Measures

Goal

To ensure that adults in the community experience a minimum of preventable illness, disability and premature death, and that health service utilization and costs attributable to chronic diseases and conditions are reduced.

Objectives

- ◆ For the Communicable Disease (CD) Program, to ensure that 95 percent of all TB cases will complete treatment; ensure that 95 percent of completed communicable disease investigations need no further follow-up; and to reduce the incidence of tuberculosis (TB) to 10.0/100,000 and to move toward the Healthy People 2010 objective of 1.0/100,000 population.
- ◆ To ensure that 30 percent of clients served in the Homeless Medical Services Program experience improved health outcomes.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Clients served in tuberculosis (TB) screening, prevention and case management	12,932	14,909	14,500 / 18,105	18,100	18,200
Communicable disease (CD) cases investigated	1,426	1,439	1,400 / 2,413	2,500	2,500
Clients served through the Homeless Medical Services Program	NA	NA	NA	1,550	1,600

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Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Efficiency:					
TB care: Total cost per client	\$126	\$108	\$130 / \$105	\$110	\$118
TB care: County cost per client	\$53	\$44	\$64 / \$52	\$57	\$66
CD investigations: Total cost per client	\$223	\$220	\$426 / \$280	\$326	\$350
CD Investigations: County cost per client	\$124	\$118	\$225 / \$165	\$184	\$211
Clients evaluated by the Nurse Practitioner	NA	NA	NA	1:388	1:400
Service Quality:					
Percent of community medical providers treating TB patients that are satisfied with the Health Department's TB Program	100%	100%	95% / 100%	95%	95%
Percent of individuals at highest risk for CD transmission provided screening, prevention education and training	94%	97%	95% / 98%	95%	95%
Percent of clients who return for a follow-up visit	NA	NA	NA	30%	33%
Outcome:					
Rate of TB Disease/100,000 population	9.1	8.9	8.9 / 11.5	8.9	10.0
Percent of TB cases discharged completing treatment for TB disease	97%	98%	95% / 92%	95%	95%
Percent of completed CD investigations needing no further follow-up	96%	99%	95% / 98%	95%	95%
Percent of clients with improved health outcomes	NA	NA	NA	30%	30%

Performance Measurement Results

Tuberculosis (TB): The TB program experienced an unpredicted 21 percent increase in FY 2007 in the number of clients served in tuberculosis screening, prevention and case management. This occurred in spite of the focus on and full implementation of targeted tuberculin skin testing (TST). This may be related to several factors. A heightened awareness and focus on TB by private providers has resulted from increased educational efforts directed at providers in the past several years by the TB program staff. Additionally, the Health Department is experiencing an increase in immigration candidates requiring health screenings. It is not known if this increase will continue as a trend. Rates of TB screening, prevention and case management will be monitored continuously to assess the status of this key indicator.

During FY 2007, the rate of TB disease in Fairfax County also increased, at 11.5/100,000 population, as compared to the FY 2006 rate of 8.9. It is not known if the case rate of TB disease will remain relatively constant going forward, or if the FY 2007 increase represents a unique variance. This key indicator will be monitored for trending going forward and adjusted to 10.0/100,000 for FY 2009.

The decrease in the cost per client for TB care in FY 2007 actuals compared to estimates in spite of the market adjustment in salaries is related to the greater than predicted volume of clients served in the TB program with no increase in staffing. It is anticipated that costs will remain relatively constant over FY 2008 but will increase in FY 2009.

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The Health Department's TB Program achieved a 92 percent TB treatment completion rate for clients with TB disease. The decrease in the actual percentage of TB cases discharged completing treatment for TB disease from the estimate of 95 percent to 92 percent reflects the loss to follow-up of a greater number of cases than in previous years. Slightly less than half of individuals treated for TB disease receive their medical care through private physicians, who receive consultation and guidance related to medical care from the Health Department's TB physician consultant. One hundred percent of private medical providers surveyed reported satisfaction with the Health Department's TB program.

Communicable Disease (CD): The number of CD investigations during FY 2007 was 72 percent greater than expected, continuing the trend of more CD investigations in each successive year surpassing current/future estimates. Increased staffing in this program to manage the workload occurred in FY 2007, and continues to be supported by the sustained trend in increased CD investigations. The 2,413 investigations accomplished in FY 2007 include 1,165 cases associated with 45 separate outbreak situations, over half of which were norovirus related. The Virginia Department of Health reported a large increase in norovirus outbreaks across Virginia in FY 2007 (155 from 11/1/06 – 2/26/07), indicating norovirus activity throughout many communities. The CD investigations number does not include the 1,038 seasonal influenza cases tracked and reported to the Virginia Department of Health during the FY 2007 influenza season. Of note as well during FY 2007 were 123 recommendations for prophylaxis associated with hepatitis A cases, and 83 recommendations for rabies prophylaxis.

The FY 2007 cost per client for CD investigations is less than estimated due to the greater than anticipated volume of investigations, which offset the addition of positions to accomplish the work in this program. It is predicted that the costs in FY 2008 and FY 2009 will increase minimally.

During FY 2007, 98 percent of individuals at highest risk for CD transmission were provided screening, prevention education and training to prevent the spread of further infection. This exceeds the target goal of 95 percent. The outcome indicator of completion of CD investigation with no further follow-up needed also exceeded the goal of 95 percent, measuring 98 percent of investigations.

Homeless Medical Services Program: The Health Department has provided medical services to homeless shelter residents at the County's five homeless shelters for the past 15 years. The Katherine K. Hanley Shelter, which opened in August 2007, represents an additional service site for the Health Department. Two cross agency initiatives—the Medical Respite Program and the Homeless Healthcare Program (HHP)—will continue to provide medical care and treatment to homeless persons who qualify for services.

The Homeless Medical Services' FY 2009 output performance measure reflects the number of clients served in homeless shelters, drop-in centers, hypothermia programs (December 1 – March 31), the Medically Fragile Program, and the Homeless Healthcare Program. The Homeless Medical Services' performance measure was first implemented in FY 2008 and was validated using several data sources. This performance measure will be revised slightly to reflect an anticipated increase in client volume at the Katherine K. Hanley Shelter, which opened in FY 2008. In FY 2009, it is estimated that 1,600 unduplicated clients will be served throughout the entire program.

Like the previous measure, the efficiency and service quality indicators were first implemented in FY 2008 and were validated using baseline data from the Homeless Healthcare Program. The efficiency indicator provides the client-to-practitioner ratio and the service quality indicator provides the percent of clients that return for a follow-up visit. National data indicates that homeless persons have multiple chronic physical, behavioral health and substance abuse needs. If homeless persons seek out health care, it is usually episodic and characterized by deficient follow up care. Thus, for the first year of full programmatic implementation in FY 2008, it was estimated that 30 percent of clients would return for a follow up visit with the overall objective to ensure that 30 percent of clients served in the Homeless Medical Services Program experience improved health outcomes. Based on the efficacy of the FY 2008 measures, it is estimated that in FY 2009, 33 percent of clients will return for a follow-up visit, of which 30 percent will experience improved medical outcomes. The modified efficiency indicator takes into account the expected increase in client volume at the Katherine K. Hanley shelter.

Health Department

As this program grows and becomes integrated into the community, it is anticipated that additional persons will receive medical services and follow up care and have improved health outcomes.

Office of Emergency Preparedness



The Office of Emergency Preparedness has evolved since 2003 and became officially designated as such with the hiring of permanent staff in 2007. It includes the Medical Reserve Corps and has responsibility for overall public health emergency preparedness activities including pandemic flu outreach. This cost center is new in FY 2009. Resources were moved from Communicable Disease Control to fund this program.

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	0/ 0	0/ 0	0/ 0	3/ 3
Total Expenditures	\$0	\$0	\$0	\$306,898

Position Summary					
1	Community Health Specialist	1	Public Health Emergency Mgmt Coord	1	Management Analyst III
TOTAL POSITIONS					
3 Positions / 3.0 Staff Years					

Key Performance Measures

Goal

To serve the residents of Fairfax County by minimizing the impact, enhancing the response, and expediting the recovery from public health emergencies due to terrorist acts, natural disasters and pandemic diseases.

Objectives

- ◆ To recruit, train and retain an additional 500 Medical Reserve Corps (MRC) Volunteers per year while retaining the existing membership.
- ◆ To conduct community outreach and education activities with hard to reach populations and service providers to increase the awareness of preventative behaviors and level of preparedness in the community to the threat of pandemic influenza, bioterrorism attack, and other public health threats, targeting a minimum of 2,000 individuals.
- ◆ To insure at least 95 percent of Health Department personnel achieve and maintain compliance with Incident Command Systems (ICS) training requirements of the National Incident Management System (NIMS) as promulgated and updated annually by the Department of Homeland Security.

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Emergency preparedness: Health Department staff and community Medical Reserve Corps volunteers completing an initial public health emergency education and training session (1)	1,489	1,737	1,400 / 141	500	NA
Number of outreach and education "contacts" (defined as a person who attends a seminar, summit, or public health fair)	NA	NA	NA	NA	2,000
Number ICS/NIMS training slots provided by OEP staff	NA	NA	NA	NA	500
Efficiency:					
Emergency preparedness: Total cost per individual trained (1)	\$129	\$124	\$167 / \$386	\$116	NA
Emergency preparedness: County cost per individual trained (1)	\$113	\$98	\$149 / \$248	\$55	NA
Cost of PanFlu Outreach expenditures divided by the number of "contacts"	NA	NA	NA	NA	\$10
ICS NIMS training cost expended per Health Department staff member	NA	NA	NA	NA	\$24
Service Quality:					
Percent of individuals who express feeling confident to respond to a public health emergency following education and training (1)	97%	97%	95% / 95%	95%	NA
Percentage of "contacts" who evaluate their educational experience as "good" to "excellent"	NA	NA	NA	NA	95%
Percentage of Health Department who evaluate their ICS/NIMS training experience as "Good" or "Excellent"	NA	NA	NA	NA	95%
Outcome:					
Number of active Medical Reserve Corps Volunteers (1)	3,260	3,542	4,600 / 3,554	4,054	NA
Increase in the number of at-risk persons with enhanced preventative behavior and/or increased level of preparedness	NA	NA	NA	NA	2,000
Percentage of Health Department staff meeting established ICS/NIMS training requirements.	NA	NA	NA	NA	95%

(1) FY 2008 will be the last year this particular measure is reported. The Health Department is in the process of updating this measure.

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Performance Measurement Results

Medical Reserve Corps (MRC): From its inception in 2004, the Fairfax County Medical Reserve Corps has grown to one of the largest volunteer organizations of its kind in the United States. This unprecedented success is a direct result of outreach efforts to the medical community under the Bioterrorism Medical Action Team initiative following the anthrax cases of 2001. From 2005 to present, membership has stabilized at approximately 3,560 volunteers with recruitment of new volunteers equaling attrition. Although this result is below the increase of 1,400 new members targeted previously, substantial gains have been made in eliminating non-active members from MRC rolls, upgrading supporting technology, hiring a full-time program coordinator and half-time training and exercise coordinator, developing on-line training, and conducting quarterly exercises. Additionally, several new roles for MRC volunteers have surfaced and are being developed as new initiatives (e.g. staffing for Special Medical Needs Shelters, Community Assistance Centers).

For FY 2009 and beyond, MRC membership is expected to increase at a steady and sustainable rate as improved training and hands-on experience begins to reduce attrition of existing members and on-going recruitment efforts continue to attract new members. With this submission, the efficiency calculation will change significantly as program costs are being applied to the full membership number rather than only the incremental increase (a more accurate reflection of MRC efforts to retain and develop existing members while recruiting a sustainable number of new volunteers).

Pandemic Influenza Outreach (PanFlu): In FY 2007, the Board of Supervisors adopted the County's Pandemic Influenza Plan developed under the guidance of the Pandemic Influenza Executive Team. Building on FY 2006 planning efforts by the Health Department and representatives of some 30 other county agencies, a Health Department Pandemic Influenza Outreach team was created in FY 2007 with funding support from Fairfax County, Virginia Department of Health, and a Department of Health and Human Services grant administered by the Centers for Disease Control. The team coordinated a very intensive outreach and education program. Seminars and conferences were targeted to specific populations including childcare provider agencies, foster care agencies, private physicians, social service organizations, private businesses, and faith-based communities. The team also conducted "Fit Testing" training for medical practice offices and provided testing kits as well as N95 respirators for staff.

In FY 2008, the team, funded through CDC, will continue with outreach efforts to target populations, with a goal of 10,000 contacts. Outreach and education messaging will also be broadened to encompass preparedness for all public health threats (e.g. bioterrorism, natural disasters) which will be the theme of a public health preparedness fair to be produced in spring 2008. By FY 2009, PanFlu efforts will be sustained by the Office of Emergency Preparedness.

Emergency Preparedness & Response (EP&R): With the publication of Homeland Security Presidential Directive (HSPD) – 8 in 2003, Public Health formally became a "first-responder" agency responsible for "All-Hazards" emergency preparedness and response. With the support of the Centers for Disease Control (CDC) "Focus Area A" grant, the Health Department created an "Emergency Planner" position in 2004. Early successes include refinement of the Health Department Emergency Operations Plan, development of the Strategic National Stockpile (Smallpox) plan, and conduct of an emergency response exercise. As federal agencies have continued to define programmatic requirements for "first-responder" agencies within the context of the National Incident Management System (NIMS) outlined in HSPD – 5, EP&R activities have steadily grown more complex.

In FY 2007 the Health Department created an additional "Emergency Planner" position and re-focused EP&R activities to address NIMS, CDC, and other federal requirements.

In addition to leading a multi-agency planning effort to draft the county's mass-dispensing plan (Cities Readiness Initiative) and publishing the Health Department's Continuity of Operations Plan, the EP&R team made great strides towards NIMS compliance in identifying, training, and exercising the Health Department incident management team, conducting Incident Command System & NIMS training, typing public health emergency response teams, credentialing staff to fill emergency response roles, and developing a comprehensive resource manual. In FY 2009 and beyond, EP&R staff will continue planning, training and exercise efforts to address existing and forthcoming NIMS compliance requirements as they apply to the 750 staff members of the Health Department.

Health Department

Community Health Care Network



The Fairfax Community Health Care Network (CHCN) is a partnership of health professionals, physicians, hospitals and local governments. It was formed to provide primary health care services to low-income, uninsured County residents who cannot afford medical care. Three health centers at Seven Corners, South County and North County are operated under contract with a private health care organization to provide primary care services.

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	9/ 9	9/ 9	9/ 9	9/ 9
Total Expenditures	\$8,021,975	\$8,939,700	\$9,571,981	\$8,976,022

Position Summary	
1 Management Analyst IV	6 Social Workers II
1 Management Analyst II	1 Administrative Assistant III
TOTAL POSITIONS	
9 Positions / 9.0 Staff Years	

Key Performance Measures

Goal

To provide appropriate and timely access to medical care for low-income, uninsured residents of Fairfax County and the cities of Fairfax and Falls Church.

Objectives

- ◆ To accommodate an increase in patient visits to 49,000, a level still within the maximum allowed under the existing contract with the contract provider, and to ensure that 90 percent of female patients age 40-69 treated over a two-year period receive a mammogram and 90 percent of individuals with diabetes receive an annual neuropathy exam.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Primary care visits	47,616	48,032	48,250 / 47,022	49,000	49,000
Efficiency:					
Net cost to County per visit	\$179	\$177	\$189 / \$174	\$199	\$199
Service Quality:					
Percent of clients satisfied with their care at health centers	89%	92%	95% / 98%	95%	95%
Percent of clients whose eligibility is determined on the first enrollment visit	49%	NA	NA / NA	NA	NA
Percent of clients whose eligibility determination is accurate	NA	93%	95% / 97%	95%	95%

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Outcome:					
Percent of enrolled women age 40-69 provided a mammogram during two-year treatment period	74%	79%	80% / 89%	80%	90%
Percent of patients with diabetes who receive an annual neuropathy exam	69%	74%	80% / 87%	80%	90%

Performance Measurement Results

The number of primary care visits in FY 2007 (47,022) fell short by 2 percent of the number of visits in FY 2006 (48,032) and by under 3 percent of the estimate of 48,250. A staff vacancy at one of the health centers is the main reason for this shortfall. It is anticipated that the number of visits will increase to 49,000 in FY 2009 as the staff vacancy has been filled and the "walk-in" Women's Health Clinic initiative will boost the number of patient visits.

The FY 2007 actual patient satisfaction score of 98 percent reflects an increase over FY 2006 (92 percent), and it exceeded the FY 2007 projected level of 95 percent. Patients continue to be very satisfied by the care that they receive from their CHCN health care providers. The percent of women provided a mammogram has increased significantly from 79 percent in FY 2006 to 89 percent in FY 2007, which exceeded the FY 2007 target of 80 percent. This increase is attributed to additional education and provider follow-up with patients as well as an enhanced tracking system that monitors compliance and results. The percent of patients with diabetes who received an annual exam to determine weakness or numbness in their extremities was 87 percent as compared to the estimate of 80 percent and the FY 2006 Actual figure of 74 percent. Key to this increase is enhanced documentation by the health care providers.

Beginning in FY 2006, the CHCN began measuring the percent of clients whose eligibility determination for CHCN services is accurate, instead of measuring the percent of clients whose eligibility is determined on the first visit, in an attempt to better understand service quality. The percent of clients whose eligibility determination was accurate was 97 percent, a slight increase over the estimate of 95 percent. The Health Access Assessment Team (HAAT) has established two supervisory positions that support and ensure a more standard and comprehensive eligibility process.

Maternal and Child Health Services



Maternal and Child Health Services provides pregnancy testing, maternity clinical and case management services, immunizations, early intervention for infants at risk for developmental delays, and case management to at-risk/high-risk families. Maternity clinical services are provided in conjunction with Inova Fairfax Hospital where women receive last trimester care and delivery. The target population is the medically indigent and there is a sliding scale fee for services. Services to infants and children are provided regardless of income.

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	96/ 96	96/ 96	96/ 96	95/ 95
Total Expenditures	\$6,809,728	\$7,774,740	\$7,700,920	\$7,560,163

Health Department

Position Summary					
2	Public Health Doctors	1	Eligibility Supervisor	3	Administrative Assistants V
1	Asst. Director for Medical Services	1	Rehab. Services Manager	2	Administrative Assistants IV
1	Asst. Director of Patient Care Services	1	Physical Therapist II	4	Administrative Assistants III
4	Public Health Nurses IV	5	Speech Pathologists II	13	Administrative Assistants II
8	Public Health Nurses III	2	Audiologists II	6	Human Service Workers II
40	Public Health Nurses II			1	Human Services Assistant
TOTAL POSITIONS					
95 Positions / 95.0 Staff Years					
25/25.0 SYE Grant Positions in Fund 102, Federal/State Grant Fund					

Key Performance Measures

Goal

To provide maternity, infant and child health care emphasizing preventative services to achieve optimum health and well-being.

Objectives

- ◆ To improve the immunization rate of children served by the Health Department to 80 percent, toward the Healthy People 2010 goal of 90 percent.
- ◆ To maintain the low birth weight rate for all Health Department clients at 4.8 percent or below.
- ◆ To ensure that 75 percent of Speech Language Pathology clients will be discharged as corrected with no further follow-up required.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Immunizations: Children seen	20,592	21,920	25,000 / 20,946	22,000	22,000
Immunizations: Vaccines given	32,644	39,762	45,000 / 44,775	45,000	45,000
Maternity: Pregnant women served	2,328	2,621	2,600 / 2,653	2,700	2,700
Speech Language: Client visits	3,212	2,751	3,400 / 2,502	2,700	3,000
Efficiency:					
Immunizations: Cost per visit	\$20	\$21	\$20 / \$23	\$19	\$20
Immunizations: Cost per visit to County	\$15	\$18	\$16 / \$17	\$13	\$14
Immunizations: Cost per vaccine administered	\$12	\$12	\$11 / \$11	\$10	\$11
Immunizations: Cost to County per vaccine administered	\$9	\$10	\$9 / \$8	\$7	\$8
Maternity: Cost per client served	\$576	\$527	\$517 / \$505	\$459	\$481
Maternity: Cost per client to the County	\$264	\$237	\$227 / \$369	\$332	\$353
Speech Language: Net cost per visit	\$153	\$172	\$144 / \$197	\$191	\$245

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Service Quality:					
Immunizations: Percent satisfied with service	98%	98%	97% / 97%	97%	97%
Maternity: Percent satisfied with service	98%	97%	97% / 97%	97%	97%
Speech Language: Percent of survey families who rate their therapy service as good or excellent	100%	100%	100% / 100%	100%	100%
Outcome:					
Immunizations: 2 year old completion rate	77%	78%	80% / 77%	80%	80%
Maternity: Overall low birth weight rate	4.5%	4.7%	4.8% / 4.6%	4.8%	4.8%
Speech Language: Percent of students discharged as corrected; no follow-up needed	75%	73%	77% / 82%	75%	75%

Performance Measurement Results

Immunizations: The number of visits and the number of vaccines given in FY 2007 were lower than projected, but higher than FY 2006 actuals. The higher FY 2007 actuals compared to FY 2006 were due to several factors: the Health Department began offering several new vaccines in FY 2007; unlike previous years, there was no vaccine shortage; overall there was increased availability of some vaccines; and there were a number of new school immunization requirements. These new requirements are also the reason for the increase in the projected number of visits and vaccines in FY 2008 and FY 2009 over the FY 2007 actuals. Costs per immunization visit is slightly higher than anticipated due to continued costs for telecommunications, postage, document translation and the use of tele-interpreters that were much higher than projected. While the immunization completion rate is lower than projected, the survey tool used has an accuracy rate of + or - 3 percentage points which means the completion rate could be as high as 80 percent. Additionally, the compliance criterion changed and now includes the Varicella vaccine which is sometimes difficult to track if the child had the disease rather than the vaccination. The school minimum entrance requirement also indicates a child must have at least 3 DPT shots as long as one is after the fourth birthday, however, compliance reviews require the 4th DPT for completion. This disparity impacts the completion rates as some parents decline the 4th DPT if the child has met the minimum school entrance requirement. The Center for Disease Control information states that for every dollar spent on immunizations, ten dollars is saved in future medical costs and the indirect cost of work loss (parent), death and disability. In FY 2006, the total cost to the County for immunizations was \$489,932 resulting in a potential savings of \$4,899,320 in future medical and indirect costs according to this methodology.

Maternity Services: The low birth weight rate of 4.6 percent for the Health Department compares favorably with the overall County rate of 6.6 percent, particularly given that the Health Department population is generally at higher risk for poor birth outcomes. The State of Health Care Quality Report of 2003 indicates that for every dollar spent on prenatal care, between \$3.30 and \$23 are saved in future health care costs for the unborn child. The range reflects the range of risk factors, severity of related birth outcomes, costs to care for the child's present and future education needs. In a recent national study, average hospital charges ranged from \$5,816 for normal weight infants to \$205,204 for infants with very low birth weight. In FY 2007, the total cost to the County for prenatal care was \$951,711 resulting in a potential savings of \$3,140,646 to \$21,889,353. For FY 2007 the actual cost of maternity services was higher than projected due to an increase in the cost of interpreter and translation services, as well as clinic supplies.

Health Department

Speech and Language: In FY 2007, there was a significant reduction in the number of client visits (9 percent from FY 2006 and 26 percent from the FY 2007 estimate) due to continuous staff vacancies (e.g., 1.5 SYEs) and shortages in qualified speech pathologist applicants. The number of client visits estimated for FY 2007 was predicated on full staffing. A reduction of available staff directly impacts the number of client visits, and indirectly, the cost per visit – which increased by 15 percent over the FY 2006 actuals and 37 percent over the FY 2007 estimate. The net cost per visit was also affected by a significant increase in actual FY 2007 operational costs versus estimated FY 2007 costs.

There was a significant increase in the percentage of patients discharged as corrected; no further follow-up needed in FY 2007. This increase is most likely positively affected by an increase in the number of children successfully transferred to the Fairfax County Public School (FCPS) system. In addition, children who moved out of the County before a therapeutic outcome could be determined were not included in the data.

Health Laboratory

The Fairfax County Health Department Laboratory provides a full range of medical and environmental testing to meet the needs of the department's public health clinics and environmental services. The laboratory is certified under Clinical Laboratory Improvement Amendments to test specimens for tuberculosis, enteric pathogens, intestinal parasites, sexually transmitted diseases, HIV, and drugs of abuse. The laboratory is also certified by the Environmental Protection Agency and Food and Drug Administration to perform testing on water, air and milk samples. Drinking water samples are tested for the presence of bacterial and chemical contaminants. Monthly testing is performed on County air filters and streams. The laboratory also accepts specimens from other programs such as the court system, the detention centers, Alcohol and Drug Services, Mental Health Services, the Department of Public Works and Environmental Services, as well as from surrounding counties.

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	14/ 14	14/ 14	14/ 14	14/ 14
Total Expenditures	\$2,452,934	\$2,270,988	\$2,390,192	\$2,323,321

Position Summary			
1	Public Health Laboratory Director	1	Senior Pharmacist
2	Public Health Laboratory Supervisors	1	Management Analyst II
7	Public Health Laboratory Technologists	1	Administrative Assistant III
		1	Administrative Assistant II
TOTAL POSITIONS			
14 Positions / 14.0 Staff Years			

Key Performance Measures

Goal

To provide quality-assured and timely public health laboratory services to the Health Department and other County agencies to assist them in carrying out their programs in the prevention of disease and in the enforcement of local ordinances, state laws, and federal regulations.

Health Department

Objectives

- ◆ To maintain certification with federal agencies and to ensure a high level of testing quality by maintaining a 95 percent scoring average on accuracy tests required for certification.
- ◆ To make it possible for 95 percent of residents to avoid needless rabies post-exposure shots by the timely receipt of negative lab results by maintaining the percentage of rabies tests involving critical human exposure that are completed within 24 hours (potentially saving residents the expense of needless shots) at 95 percent.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Tests reported	205,384	238,834	210,000 / 243,205	220,000	220,000
Rabies tests reported	750	706	700 / 828	700	700
Efficiency:					
Average cost/all tests	\$4.58	\$4.58	\$5.04 / \$4.32	\$4.85	\$5.15
Cost/rabies test	\$61.63	\$69.06	\$71.75 / \$61.73	\$76.88	\$78.75
Service Quality:					
Percent of laboratory clients satisfied with service	97%	97%	95% / 98%	95%	95%
Percent of rabies tests involving critical human exposure completed within 24 hours	99%	99%	95% / 99%	95%	95%
Outcome:					
Average score on accuracy tests required for certification	98%	98%	95% / 97%	95%	95%
Certifications maintained	Yes	Yes	Yes / Yes	Yes	Yes
Percent citizens saved from needless rabies post-exposure shots by timely receipt of negative lab results	99%	99%	95% / 99%	95%	95%

Performance Measurement Results

A continuing focus of laboratory performance is the control of average cost per test. Both revenues and testing volume increased in FY 2007 resulting in a lower cost per test than prior years.

Despite a 17 percent increase in rabies testing volume over FY 2006, the rabies laboratory again exceeded its service quality goal and reported rabies test results in less than 24 hours on 99 percent of critical human exposures to potentially rabid animals. In FY 2007, 587 residents (99 percent of those with negative results) received their negative test results within 24 hours, saving an estimated \$1,174,000 on needless medical costs for a series of rabies post-exposure immunizations which average \$2,000 per series.

As indicated on the FY 2007 annual customer satisfaction survey (98 percent satisfied), the majority of laboratory customers selected "accuracy of test results" as their first service priority. The Health Department laboratory continued to maintain a high degree of accuracy as measured by its FY 2007 scoring average of 97 percent on accuracy tests required for certification. The department's scoring level exceeds the service quality goal of 95 percent and greatly exceeds the accepted benchmark of 80 percent generally accepted for satisfactory performance by laboratory certification programs.

Health Department

School Health

School Health provides health services to students in 189 Fairfax County Public Schools and provides support for medically fragile students who require more continuous nursing assistance while they attend school. Services include first aid, administration of authorized medications, identification of potential communicable disease situations, and development of health care plans for students with special health needs.

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	256/ 185.23	256/ 185.23	256/ 185.23	256/ 185.23
Total Expenditures	\$9,510,936	\$9,842,269	\$9,932,483	\$10,007,438

Position Summary	
3 Public Health Nurses IV	1 Assistant Director for Patient Care Services
4 Public Health Nurses III	1 Administrative Assistant II
55 Public Health Nurses II, 2 PT	192 Clinic Room Aides, 192 PT
TOTAL POSITIONS	
256 Positions / 185.23 Staff Years	
PT Denotes Part-Time Positions	

Key Performance Measures

Goal

To maximize the health potential of school-age children by providing health support services in the school setting.

Objectives

- ◆ To implement health plans for at least 65 percent of students with identified needs within five school days of the notification of the need, toward a target of 95 percent, and to maintain the on-site availability of a Clinic Room Aide (CRA) on 98 percent of school days.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Students in school (academic year)/sites	163,126 / 187	163,534 / 188	165,000 / 189 / 164,183/189	166,500 / 189	167,000 / 189
Students in summer school, community-based recreation/programs/sites	48,562 / 143	52,525 / 136	53,500 / 130 / 66,461/140	50,000 / 130	55,000/135
Students with health plans	46,683	47,522	45,000 / 44,285	48,000	44,000
Students with new health plans	19,115	18,371	20,500 / 15,564	20,000	15,000
Total health plans implemented	43,714	45,774	45,000 / 43,308	45,000	44,000
Visits to clinic of sick/injured and for medicine	792,491	768,986	800,000 / 749,367	760,000	765,000

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Efficiency:					
Students/PHN ratio	3,198:1	3,028:1	2,895:1 / 2870:1	2,700:1	2,700:1
Students with health plans in place within 5 days of notification	8,637	10,885	12,710 / 9,328	12,800	9,000
Health plans/PHN ratio	857:1	880:1	789:1 / 760:1	800:1	800:1
Large group training sessions/number attending	50 / 2,389	30 / 1,842	55 / 3,000 / 50/1,502	25 / 2,000	40 / 1,500
Service Quality:					
Percent of parents satisfied with services	99.0%	99.4%	99.0% / 99.5%	99.0%	99.0%
Percent of students receiving health support from CRAs	94.0%	95.0%	95.0% / 94.0%	95.0%	95.0%
Outcome:					
Percent of students with health plans in place within 5 days of notification	45.0%	59.0%	62.0% / 60.0%	64.0%	65.0%
Percent of school days CRA is on-site	97.0%	97.0%	98.0% / 96.0%	98.0%	98.0%

Performance Measurement Results

In School Year (SY) 06-07, the School Health Program supported 164,183 students at 189 sites during the regular school year and 27,375 students at 64 sites in the summer school program. Additionally, the School Health Program provided support to over 40,000 school age children and staff for Fairfax County Programs (e.g., Department of Family Services: School-Age Child Care [SACC], Community Recreational Services [REC/PAC] and the Fairfax County Park Authority Programs).

Public Health Nurses provide training to FCPS staff and community program staff throughout the year. This training is designed to specifically address the health care needs of all students and children participating in community programs. This year the Health Department partnered with FCPS to provide an on-line training program to increase the accessibility of training sessions for FCPS staff in terms of time, format and venue. Community program leaders from SACC, REC/PAC and the Fairfax County Park Authority were also provided on-line menus to select learning modules to address the specific health care needs of their participant population.

The number of students with a new health plan in place in 5 days was 9,328 or 60 percent in FY 2007 towards the goal of 65 percent. The number of students demonstrating independence in health care procedures in FY 2007 continued to increase. This is a success measure as it reflects a logical progression for children learning to live independently with a life long health condition.

Quality of school clinic services as measured by the annual parent and school staff satisfaction survey continues to be impressive at 99.5 percent satisfaction with services and care provided by health department staff.

Health Department

Long Term Care Development and Services



Long Term Care Development and Services currently includes Adult Day Health Care Centers, which are operated at Lincolnia, Lewinsville, Annandale, Mount Vernon, Braddock Glen and Herndon. A full range of services are provided to meet the medical, social, and recreational needs and interests of the frail elderly and/or disabled adults attending these centers. In the future, the development branch of this cost center will be responsible for coordination and implementation of the County's Long Term Care Strategic Plan. The services branch of this cost center will focus on respite programs, nursing home pre-admission screenings, and the continuum of services for long term care.

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	56/ 56	56/ 56	56/ 56	62/ 62
Total Expenditures	\$2,593,302	\$2,992,547	\$4,470,354	\$4,006,042

Position Summary				
1 Prog. & Procedure Coord.	1 Management Analyst IV	1 Management Analyst III		
3 Public Health Nurses IV	6 Park/Recreation Specialists III	6 Senior Center Assistants		
8 Public Health Nurses III	24 Home Health Aides	6 Administrative Assistants IV		
6 Public Health Nurses II				
TOTAL POSITIONS				
62 Positions / 62.0 Staff Years				

Key Performance Measures

Goal

To promote the health and independence of frail elderly and adults with disabilities; while offering them an alternative to more restrictive and costly long term care options; and to provide respite for family caregivers.

Objectives

- ◆ To provide adult day health care services to 411 frail elderly and adults with disabilities, so that 90 percent of their family caregivers are able to keep them at home, in the community, preventing the need for more costly and often less desirable long-term care options.
- ◆ To expedite access to needed services by providing Medicaid Nursing Home Pre-Admission screening for at least 95 percent of impaired adults within 10 working days of the request for screening.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Clients served per day	118	121	150 / 127	155	155
Clients per year	324	339	403 / 327	411	411
Operating days	248	248	248 / 248	248	248
Medicaid Pre-Admission screenings completed per year	351	501	400 / 499	525	525
Clients surveyed	177	179	200 / 195	205	205

Health Department

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Efficiency:					
Cost of service per client per day	\$86.00	\$91.00	\$98.00 / \$104.00	\$98.00	\$101.00
Net cost per client to the County	\$58.00	\$61.00	\$70.00 / \$72.00	\$70.00	\$72.00
Medicaid cost per service unit	\$205	\$151	\$190 / \$150	\$153	\$172
Medicaid net cost to County	\$159	\$103	\$138 / \$100	\$101	\$120
Service Quality:					
Percent of clients/caregivers satisfied with service	100%	100%	100% / 100%	100%	100%
Percent of clients who received a Medicaid Pre-Admission screening who indicated that they were satisfied with the service	96%	95%	95% / 95%	95%	95%
Outcome:					
Percent of family caregivers who state that ADHC enables them to keep their loved one at home in the community	77%	94%	90% / 90%	90%	90%
Medicaid Pre-Admission screenings: Percent of screenings initiated within 10 working days of referral	100%	100%	95% / 100%	95%	95%

Performance Measurement Results

According to the Long Term Care Task Force Report of 2002, 10.4 percent of the Fairfax County population (104,818 persons) was either 65 years or older, or an adult with disabilities. It is estimated that in the year 2010 there will be 187,376 people in this group representing 16.8 percent of the County's population. As the demographics change and new demands for long term care emerge, the Adult Day Health Care (ADHC) program will play a crucial role in providing a cost effective alternative to more restrictive long term care. The program goal is to promote the health and independence of frail elderly and adults with disabilities, enabling them to remain in their homes in the community, preventing the need for more restrictive and/or costly long-term care. The Health Department has developed a collaborative relationship with Senior Plus and the Alzheimer's Family Day Center which extends the continuum of care within the community.

Ninety percent of the participants enrolled in the adult day care program this year met the criteria for more restrictive and costly long term care facilities. Additionally, 90 percent of the family caregivers surveyed stated that the ADHC program helped them keep their loved ones at home in the community. This presents a significant cost saving to the family considering that the average annual cost of a nursing home in Northern Virginia is \$91,000 (MetLife Report 2006) and the annual cost of attending the ADHC program is approximately \$16,864.

The value of this program goes well beyond the stated financial benefit, as it offers participants the opportunity to socialize, enjoy peer support, and receive health services in a stimulating and supportive environment that promotes better physical and mental health. Finally, it helps functionally impaired adults who need supportive services to improve and/or maintain their independence. According to the 2006-2007 Annual Adult Day Health Care Satisfaction Survey, 100 percent of respondents were satisfied with the services and family caregivers stated that a significant number of participants in the program experienced an improvement in their sleep patterns, cognitive function, level of interest in daily life and general health status.

Health Department

The program objective to serve 150 participants this year was not met. Even though the program attendance rate remained at 90 percent; the frailty of the participants, inclement weather, and a high employee vacancy rate along with the stricter interpretation of the staff-to-participant ratio by the State Department of Social Services, impeded the ability to admit people from the waiting list and therefore the Average Daily Attendance (ADA) goal attainment. Also, early in FY 2007, after the opening of Braddock Glen the agency's sixth ADHC center, the redistribution of participants based on the new catchment areas created a reduction in the ADA at several centers which required time to rebuild. At the end of FY 2007 the ADHC staff vacancy rate had been reduced from 27 percent to 2 percent, through an aggressive campaign to recruit a skilled, productive, and ethnically diverse workforce. Improved staffing, combined with a marketing plan targeting underserved, ethnically diverse populations, will enhance the program's ability to serve an increased number of participants and therefore attain the ADA goals in FY 2008 and FY 2009.

A redesign of the ADHC program structure implemented in FY 2008 realigns team members' educational background and expertise with their roles, decreases administrative tasks of the direct care workers, and therefore provides more direct service time for participant care and interaction. The program and participants benefit as the staff to participant ratio increases, resulting in the ability to serve more people.

The noted increase in cost of care per service unit in FY 2007 is directly related to the lower than estimated ADA due to the aforementioned reasons.

Medicaid Pre-Admission Screenings: The number of screenings remained stable from FY 2006 to FY 2007 but it is anticipated that there will be a 5 percent increase in the demand for Medicaid Pre-admission screenings. Several factors are expected to influence this rate of increase, namely an aging population and long waiting lists for the Developmental Delay (DD) and Mental Retardation (MR) Waiver services. Children who are on the waiting list for DD and MR Waiver services can request a Medicaid Pre-Admission screening to determine if they are eligible for the Elderly and Disabled Consumer Directed Waiver services. The number of families who request the Medicaid Pre-Admission screening for their child has continued to increase each year.

Air Pollution Control

Air Pollution operates five ambient air pollution monitoring stations. These monitoring stations monitor for a variety of gases which affect public health (carbon monoxide, ozone, nitrogen and sulfur dioxide), and complement ozone monitoring performed in the Lee District by the Virginia Department of Environmental Quality. These monitoring locations give the County a daily air quality index that is used in the metropolitan region for forecasting. The section has a particulate monitoring program with sites throughout the County and operates an acid rain site in Mason Neck Park.

Funding Summary				
Category	FY 2007 Actual	FY 2008 Adopted Budget Plan	FY 2008 Revised Budget Plan	FY 2009 Advertised Budget Plan
Authorized Positions/Staff Years				
Regular	4/ 4	4/ 4	4/ 4	4/ 4
Total Expenditures	\$201,359	\$186,825	\$193,675	\$184,843

Position Summary	
1 Environmental Health Program Manager	2 Environ. Health Specialists III
	1 Environ. Health Specialist II
TOTAL POSITIONS	
4 Positions / 4.0 Staff Years	

Health Department

Key Performance Measures

Goal

To produce the highest quality air pollution data for the public, government agencies, and other interested parties. This data is used to make meaningful decisions regarding the effectiveness of air pollution regulations and progress toward meeting ambient air quality standards in order to protect the health and welfare of Fairfax County residents. The goal is to assess the effectiveness of air pollution control regulations and actions aimed at achieving the National Ambient Air Quality Standard (NAAQS) for ozone by the year 2010.

Objectives

- ◆ To maintain the monitoring index at 96 percent or better.

Indicator	Prior Year Actuals			Current Estimate	Future Estimate
	FY 2005 Actual	FY 2006 Actual	FY 2007 Estimate/Actual	FY 2008	FY 2009
Output:					
Measurements made	319,133	321,323	320,000 / 306,299	320,000	320,000
Efficiency:					
Program cost per capita	\$0.291	\$0.244	\$0.165 / \$0.176	\$0.168	\$0.167
Service Quality:					
Data accuracy	3.7%	3.7%	3.8% / 3.6%	5.0%	5.0%
Outcome:					
Air pollution monitoring index	96.5%	98.0%	96.0% / 91.0%	96.0%	96.0%

Performance Measurement Results

The service quality indicator for data accuracy is a quantitative evaluation of the quality of the air pollution data produced. An indicator at or below 5 percent is considered high-quality data and this level has been consistently maintained. The outcome indicator, the air pollution monitoring index, is a measure of how effectively the air quality monitoring program is achieving the U.S. Environmental Protection Agency (US EPA) requirements. A high monitoring index provides assurance that the work prescribed for the program has been conducted properly. Therefore, a high monitoring index, as represented by the target of 95 percent, and a low data accuracy indicator, implies high quality data from which meaningful decisions can be made regarding the abatement of air pollution.

During FY 2007, Fairfax County experienced seven exceeding days of the eight-hour ozone standard resulting in unhealthy ambient air conditions. This is the second full year under the new health-based more stringent eight-hour ozone standard that US EPA implemented after they revoked the one-hour ozone standard on June 15, 2005. The US EPA has designated the Metropolitan Washington Region, which includes Fairfax County, as being in moderate non-attainment of the eight-hour ozone standard. The region must initiate an aggressive air pollution control strategy to reduce air pollutant emissions. A State Implementation Plan with new control measures was submitted to EPA in June 2007 and compliance with the eight-hour National Ambient Air Quality Standard (NAAQS) for ozone must be demonstrated by June 2010. In 2004, the US EPA designated the Metropolitan Washington Region as non-attainment for fine particulates and a State Implementation Plan must be submitted to EPA in April 2008 with a demonstration of compliance by April 2010. Staff is currently working on this effort through the Council of Governments. Please note that the Monitoring Index in FY 2007 is lower due to outdated meteorological equipment malfunctioning and not providing data. The equipment has been replaced. The Monitoring Index for FY 2007 without the meteorological data is 97 percent. The program cost per capita is higher in FY 2005 and FY 2006 due to the purchase of new analyzers to replace outdated equipment and a new trailer at the Mount Vernon site.